

## **CITY OF SAUSALITO - BUILDING DIVISION**

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## **CONSTRUCTION DRAWINGS RESPONSE / REVISION FORM**

Project Address:		Agency PC / Permit #:
Revision Date:	CSG PC #:	
		Submittal Date:
INSTRUCTIONS FOR APPLICANT		
Identify the current changes made on your revised plans by checking the boxes below.		
<ul> <li>If the revisions will affect any component of the exterior appearance, revised architectural elevations must be</li> </ul>		
submitted.		,
<ul> <li>List revisions on index sheet.</li> </ul>		
<ul> <li>Revised plans shall notate the changes on the plan with clouds. Only the most recent changes shall be clouded. Clouds must be removed from previous changes.</li> </ul>		
<ul> <li>Submit the same number of copies of revised plans as originally submitted, unless otherwise directed by City Staff.</li> </ul>		
<ul> <li>Failure to provide all relevant information may result in the delays in the review of your revise plans or issuance of your building permit.</li> </ul>		
ANY MATERIALS SUBMITTED BEFORE ALL REVIEWS ARE COMPLETED MAY BE RETURNED TO APPLICANT.		
DESCRIPTION OF REVISION:		
		ON REVISED SHEETS
		Mechanical - Sheet #'s
_		New floor area - Sheet #'s
☐ Change in number or location of windows -		Plumbing - Sheet #'s
Sheet #'s		Public Right of Way - Sheet #'s
Change of roof/ceiling - Sheet #'s		Response to plan check comments - Sheet #'s
Drainage - Sheet #'s		
Driveway - Sheet #'s		Rough frame - Sheet #'s
		Section Detail - Sheet #'s
		Setback - Sheet #'s
		Structural calcs - Sheet #'s
☐ Foundation - Sheet #'s		Structural details - Sheet #'s
☐ Grading - Sheet #'s	□	Structures in Easement - Sheet #'s
□ Landscape - Sheet #'s	□	Other:
Will the revisions affect any component of the structure's exterior appearance? ☐ Yes ☐ No		
Did your project require Planning Commission approval? ☐ Yes ☐ No		
I, (architect, designer, engineer), do hereby declare under penalty of		
perjury that the information on this form and its attachments are true, complete, and correct to the best of my knowledge.		
Signature	Date	